PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450

Alexandria, Virginia 22313-1450 or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advances orders and notification of maintenance fees will be mailed to the current correspondence address and indicated unless corrected below of directed otherwise in Block 1 by (a) securitions a new correspondence address and results in the property of the propert

maintenance fee notifica	tions.		Note				
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
27045	7590 07/30	2009	nutt				
ERICSSON IN	N INC.			Certificate of Mailing or Transmission I hereby certify that this Fec(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
6300 LEGACY			State	s Postal Service with su	flicient postage for fir	st class mail in an envelope	
M/S EVR 1-C-11				emitted to the USPTO (57	71) 273-2885, on the o	date indicated below.	
PLANO, TX 75024							
			 N	Melissa Wingo	61.1		
			147			(Signature)	
			<u> </u>	October 22, 20	009	(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	ATTO	DRNEY DOCKET NO.	CONFIRMATION NO.	
10/511,944 05/02/2005			Reiner Ludwig		P16579-USI	8716	
TITLE OF INVENTION	: METHOD AND DEV	ICES FOR ADAPTATIV	E PROXYING OF FLOW	5			
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1510	\$300	\$0	\$1810	10/30/2009	
EXAMINER		ART UNIT	CLASS-SUBCLASS				
AFOLABI, MARK O		2454	709-232000				
I. Change of correspond	ence address or indicatio	n of "Fee Address" (37	2. For printing on the p	atent front page, list			
CFR 1.363). Change of correspondence address (or Change of Correspondence or agents OR, alternatively,							
Address form PTO/SB/122) attached. (2) the name				firm (having as a mom)	hora 2		
"Fee Address" indication (or "Fee Address" Indication for PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Cu Number is required.			(2) the name of a single firm (having as a member a registered attemer or agent) and the names of up to 2 registered patient attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or ty	ic)			
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment.							
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
TELEFONAKTIEBOLAGET L M ERICSSON (PUBL) STOCKHOLM, SWEDEN							
Please check the appropriate assignee eategory or eategories (will not be printed on the patent): 🔲 Individual 🚨 Corporation or other private group entity 🗀 Government							
4a. The following fee(s)	are submitted:	41	. Payment of Fec(s): (Plea	se first reapply any pre	vlously naid issue fee	shown ahove)	
□ A check is enclosed.							
☐ Payment by credit card. Form PTO-2038 is attached.							
Advance Order - # of Copies X The Director overpayment,				hereby authorized to charge the required fee(s), any deficiency, or credit any o Deposit Account Number 501379 (enclose an extra copy of this form).			
5. Change in Entity Sta			_		•		
	s SMALL ENTITY state		U b. Applicant is no lon				
NOTE: The Issue Fee an interest as shown by the	d Publication Fee (if req records of the United Sta	uired) will not be accepte ites Patent and Trademark	d from anyone other than t Office.	he applicant; a registered	attorney or agent; or t	he assignee or other party in	
Authorized Signature	_ Shey L	htallufered	2	Date October	r 22, 2009		
Typed or printed nam		Weatherford		Registration No.			
This collection of inform an application. Confiden submitting the complete this form and/or suggest Box 1450, Alexandria, V Alexandria, Virginia 22:	ation is required by 37 C tiality is governed by 35 d application form to the ions for reducing this bu /irginia 22313-1450. DC 313-1450.	FR 1.311. The informatic U.S.C. 122 and 37 CFR USPTO. Time will vary rden, should be sent to the ONOT SEND FEES OR	on is required to obtain or r 1.14. This collection is est depending upon the indive c Chief Information Office COMPLETED FORMS TO	ctain a benefit by the pub imated to take 12 minute idual case. Any commen r, U.S. Patent and Trades THIS ADDRESS. SEN	olic which is to file (an is to complete, including its on the amount of ti mark Office, U.S. Dep ID TO: Commissioner	d by the USPTO to process) ng gathering, preparing, and me you require to complete partment of Commerce, P.O. for Patents, P.O. Box 1450,	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.